

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER LABORERS LOCAL 89 PAC FUND			Date of This Filing 08/23/2018	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (619)263-6661	I.D. NUMBER (if applicable) 1316497	Report No. 04-2018			
STREET ADDRESS 					
CITY SAN DIEGO	STATE CA	ZIP CODE 92105	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

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STREET ADDRESS					
CITY SAN DIEGO	STATE CA	ZIP CODE 92105			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
08/23/2018	SAFETY & LEARNING FOR OUR SCHOOLS SACRAMENTO, CA 95841 ID# 1404838 Memo Reference: 1	SAN DIEGO NEIGHBORHOOD SCHOOL REPAIR AND STUDENT SAFETY MEASURE(Y) SAN DEIGO USD	\$50,000.00	11/06/2018

Reason for Amendment:

Memo Reference: 1
MADE FROM SPONSOR'S GENERAL FUND AND REPORTED PURSUANT TO CAL. GOV. CODE SEC.84222 (F).
